



ASAM American Society of
Addiction Medicine

Public Policy Statement on Advancing Racial Justice in Health Care through Addiction Medicine

Recommendations

Recommendations for reducing criminal legal system influence on addiction care:

1. Healthcare professionals should support the elimination of policies that restrict the use of evidence-based addiction treatment for people with SUD who are in carceral settings or under community correctional control. In particular, decisions which involve treatment plans—including the type, duration, choice of medication, and level of care—should be made by healthcare professionals rather than non-clinical authorities in criminal legal systems and should be consistent with standards of care. Given the disproportional involvement of BIPOC with criminal legal systems, such changes are critical to address inequities and help BIPOC receive evidence-based addiction care.
2. Healthcare professionals should support equitable practices in drug courts. Consistent with ASAM policy,³² reforms to drug courts should provide individuals with equitable access to evidence-based treatment for SUD, including all FDA-approved addiction medications available in the community or via telehealth, and prohibit interference of non-clinicians with the clinician-patient relationship. Drug court reforms must address inequities within the drug court system.
3. Healthcare professionals should support legislative and regulatory changes to enhance harm reduction efforts, including overdose prevention sites, syringe service programs, exploring other medications for SUD, and drug checking services. Healthcare professionals should be able to refer people who use substances for evidence-based, harm reduction interventions or use those interventions as a standard part of patient care. Healthcare professionals should support equitable access to all evidence-based harm reduction services for people who need them, with a specific effort to increase the engagement of BIPOC communities in the development of such services.
4. Healthcare professionals should use caution in ordering drug tests (toxicology) and sharing clinical drug testing (toxicology) results with entities outside of health care, including those in the criminal legal and child welfare systems. The goals of healthcare and criminal legal and child welfare systems do not always align. Healthcare professionals should educate patients on confidentiality and the purpose of the external request and obtain informed consent before making any disclosures.⁶⁸

Recommendation for reducing child welfare system influence on addiction care

5. Healthcare professionals should support the removal of legal mandates and local practice standards to report pregnant or parenting people to child protective services or other government agencies on the sole basis of substance use or SUD. Such requirements can be harmful and discourage people from seeking addiction treatment and prenatal care, which can lead to worse health outcomes for pregnant person, parent, and infant.

Recommendations for healthcare systems, institutions, and organizations, professional medical entities, and researchers

6. Dramatic action is needed within medical schools to address the lack of diversity in the general medical workforce. Efforts to increase diversity within the healthcare workforce are critical to improving addiction care. Organizations and institutions within healthcare systems must act with the understanding that there are structural implications to fostering a sense a belonging⁶⁹ for BIPOC patients who use substances and prioritize garnering points of view from a diverse group, not a select few.⁶⁹ To improve addiction care and research, healthcare systems must hire and compensate individuals from the communities that they serve. These systems demonstrate the value of diversity when they listen to and implement recommendations from diverse sources and mentor and promote diverse individuals to leadership positions within the system.
7. Healthcare systems should expand the range of evidence-based services they provide in order to meet the needs of BIPOC with SUD, including the initiation of medication for OUD (e.g. buprenorphine) and offering naloxone for overdose reversal in emergency departments, hospitals, other urgent care settings, and primary care settings. Under certain circumstances, failure to do so may be a violation of federal law, including the Civil Rights Act.⁷⁰
8. All healthcare settings should consider and address social determinants of health—including housing, education, transportation, employment, and racism itself—as part of a patient’s comprehensive treatment and recovery. Providers should consider open access scheduling, mobile services, community-based sites, and expansion of telehealth or other remote service deliveries, and working with local community-based organizations⁷¹ to help address those needs.
9. All healthcare settings—along with other professional medical entities—should assess their care systems, clinical guidelines and algorithms,⁷² and policies through a health equity and racial justice lens and revise them as needed. For example, new care approaches, such as telemedicine, may unintentionally propagate inequities if not implemented appropriately.^{73,74}
10. In medical journals, racism must be interrogated as a critical driver of racial health disparities in addiction medicine,⁵¹ ensuring that clinical research related to addiction is reformed to be antiracist. BIPOC with lived experience should be better represented as part of clinical trials, including as part of the team conceptualizing, conducting, analyzing and interpreting, and disseminating the clinical research.^{52,75} Research thus conducted can be applied to the explicit end goal of translating the findings into improved clinical practice for BIPOC who use substances. Efforts

focused on community engagement, recruitment, and retention of a diverse pool of research participants is imperative to achieve this goal.⁶⁹

11. In addition to implementing needed changes to address healthcare inequities and ensure that BIPOC have equal access to evidence-based addiction care, healthcare institutions should regularly assess whether their antiracist policy interventions are having their desired effect. Healthcare systems should involve BIPOC staff, BIPOC members of communities, particularly those BIPOC with lived experience, and BIPOC researchers as part of this process.⁶⁹

Recommendations for healthcare professionals and their medical practices

12. Healthcare professionals should advocate for substance use to be addressed as a health issue, and addiction as a treatable, chronic medical disease and not be addressed by the criminal legal system with arrest and incarceration. The criminal legal system should not be used to interfere with, or influence, the assessment, diagnosis, or treatment decisions of those with SUD. Too often, these clinical decisions have been relinquished by healthcare professionals to the criminal legal system. Given that the criminal legal system has had inequitably detrimental effects on BIPOC, reforms within this system are particularly needed to achieve racial justice.
13. Healthcare professionals should regularly examine their practices and whether they deliver health care services in a biased way. When biases are identified, action should be taken to counter biased practices in order to deliver equitable, compassionate and anti-racism-informed⁴ addiction care to all people who need it.
14. Healthcare professionals must lead medical practices that acknowledge and respond to experiences of racism of BIPOC patients who use substances by (a) trusting and respecting those patients' experiences through trauma-informed care, (b) assessing those patients for social determinants of health, including those that are linked to racism, and connecting them with community resources, and (c) evaluating their medical practices based on staff diversity and inclusion as well as patient satisfaction and retention in treatment among their BIPOC patients with SUD.
15. Healthcare professionals should develop proficiency⁴ in, practice, and demonstrate leadership in trauma-informed care for BIPOC patients who use substances as well as structural competency*, so that they can (a) understand those patient experiences in the context of structural factors that influence their health; (b) intervene to address those structural factors, such as inequalities in law enforcement, housing, education, access to health care, and other resources, that put patients at risk for unhealthy substance use and addiction or limit their access to addiction prevention, treatment and recovery supports; and (c) collaborate with community leaders with humility.^{4,76}
16. Preventing, screening for, assessing and intervening regarding SUD should be considered an essential part of general medical practice. In working with BIPOC who use substances, this includes healthcare professionals having the skills and training to prescribe a range of treatment approaches, including addiction medications.

* In the first policy statement in this series, the cited definition of "structural competency" is "the capacity... to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures."

Recommendations for healthcare professional education and training

17. Providers of training in medical school, residency, fellowship and continuing medical education (CME) programs should review their curricula to identify gaps related to addiction care, trauma-informed care, structural competency, and racial understanding. Clinical educators should develop and promote addiction medicine training courses grounded in trauma-informed care and structural competency to improve the outcomes of patients who are socially marginalized by virtue of their race, e.g., those who are identified by the criminal legal system due to disparate policing and then are referred or mandated to addiction treatment. Education and training of healthcare professionals on addiction care should be evaluated to ensure content aligns with the principles of cultural sensitivity and inclusion, health equity, and racial justice.
18. Healthcare professionals should advocate for creation and implementation of policies that lead to a more diverse clinical workforce equipped to treat SUD⁶⁹ and should seek opportunities to mentor BIPOC physicians and other clinicians. The outcomes of these policies should be regularly assessed to ensure that they are achieving their stated goals. Robust funding should be made available and targeted for scholarships and loan repayment for BIPOC healthcare professionals who treat SUD.

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American Society of Addiction Medicine
11400 Rockville Pike, Suite 200, Rockville, MD 20852
Phone: 301.656.3920 | Fax: 301.656.3815

www.ASAM.org

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